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Indications And Clinical Uses: For the topical use of removal of benign epithelial growths such as warts (*verruca vulgaris*), especially plantar, mosaic, periungual, and molluscum contagiosum.

Recommended for resistant and heavily keratinized warts. Because of the absence of scarring, the mixture is useful for treating exposed areas where cosmetic results are important.

Contra-Indications: Hypersensitivity to the ingredients. Avoid alcoholic beverages for several hours after treatment.

Precautions: Canthacur-PS is a potent vesicant and is to be applied only by the physician. It is recommended care be used in the selection of patients to be treated and method used. The physician should develop his own experience and technique. Care should be used in selection of site of application since residual pigmentation may occur (rarely). It is recommended patients be advised of effect and possible results of treatment. Do not use near eyes, on face, mucous membranes or anogenital areas. Do not use if growth or surrounding tissue is inflamed or irritated. Do not use on diabetics, or people with poor blood-circulation, on moles, birthmarks, or unusual warts with hair growing from them. Larger areas should not be

treated at one time since discomfort may be excessive and systemic absorption may result.

Pregnancy and Lactation: Use during pregnancy or in nursing mothers is not recommended since there has been no adequate and well controlled studies performed in these groups.

Children: Not recommended for use on young children due to difficulties in pain management.

Adverse Reactions: The development of annular warts following therapy has been reported in a small percentage of patients when the method of treatment was not properly followed. These lesions are superficial and, although they may alarm some patients, present little problem. Treatment consists of patient reassurance and re-treatment using either Canthacur-PS or other procedures. There has been 1 report of chemical lymphangitis following use of Canthacur-PS in combination with salicylic acid plaster. tag_DosageDosage

Dosage And Administration: Without Curettage: No cutting or prior treatment is required. (Occasionally nails must be trimmed to expose subungual warts to medication.) Using a Q-Tip or applicator stick, apply solution (1 layer only) to the wart and a 1 to 3 mm margin around the wart. Allow to dry for a few minutes. Cover with a piece of non-porous plastic adhesive tape. Instruct patient to keep the tape on for at least 4 hours (up to 24 hours). Within 24 hours a blister forms which is often painful and inflamed. Have the patient return for observation in 2 to 3 days. Remove necrotic tissue and treat as before if any viable wart tissue remains. Allow tissue to re-epithelialize before re-treatment.

With Curettage: Proceed as without curettage except have patient return in 1 day for curettage. (Local anesthesia may be necessary.) Advantages to this method include: Treatment prior to curettage

enhances identification of tissue planes, increases separability of wart tissue and re-treatment is rarely necessary. Have the patient return for observation in 4 weeks. (The lesion normally heals completely within 1 to 3 weeks.) The use of a mild anti-bacterial agent until area heals is recommended.

Plantar Warts: Pare away keratin covering the wart, avoid bleeding. Using a Q-Tip or applicator stick, apply solution to both the wart and a 1 to 3 mm margin around the wart. Allow a few minutes to dry. Secure with non-porous plastic adhesive tape. Leave in place for 1 week, then debride. If any viable wart tissue remains after debridement, re-apply a small amount of solution and bandage as above. Three or more of such treatments may be required for large lesions. When destruction of wart is complete, the healed site will appear smooth, with normal skin lines.

Molluscum contagiosum: Coat each lesion with a thin film of solution. After 1 week, treat any new lesions the same way and retreat any resistant lesions, this time covering with a small piece of occlusive tape. The tape should be removed in 6 to 8 hours.

Warn the patient that the blister may be painful. A mild analgesic, e.g. ASA with codeine, or acetaminophen with codeine may be used. The tape may be removed and the area soaked in cool water for 10 to 15 minute periods, as needed, provided sufficient time has been allowed for the medication to penetrate. Local anesthesia may be needed during curettage.

Note: Canthacur-PS contains strong vesicants and may produce blisters if it comes in contact with normal skin or mucous membrane. If spilled on skin, wipe off at once, using acetone, alcohol or tape remover. Then wash vigorously with warm soapy water and rinse well. If spilled on mucous membrane or in eyes, flush with water, remove the precipitated

film, and flush with water for an additional 15 minutes. Patients vary in their sensitivity to cantharidin and in rare cases tingling, burning or extreme tenderness may develop. In these cases, patient should remove tape and soak the area in cool water for 10 to 15 minutes, repeating as required for relief. If soreness persists, puncture blister using sterile technique, apply antiseptic and cover with tape. It is advisable to treat only 1 or 2 lesions on the first visit, until the sensitivity of the patient is known.

Availability And Storage: Each mL contains: cantharidin 1%, podophyllin 5% and salicylic acid 30% in an adherent film-forming vehicle. Bottles of 7.5 mL with thin-tipped applicator attached to inside of cap. Flammable. Keep away from heat, fire and flame. Close tightly immediately after use. Store at room temperature away from heat.



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Plus 7.5 mL - \$75.00 USD

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Description:

Cantharone is for topical use of removal of benign epithelial growths such as warts (verruca vulgaris) or Molluscum contagiosum. Because of the absence of scarring, cantharidin is useful for treating exposed areas where cosmetic results are important. Painless application and the absence of instruments makes it especially useful for treating children.

Manufacturer:

Resnik Dermatology

Ingredients:

Cantharone Regular contains:
Cantharidin 0.7%

Cantharone Plus contains:

Cantharidin 1%
Podophyllin 2%
Salicylic Acid 30%

Side Effects:

SIDE EFFECTS that may occur while taking this medication include anal warts.

Product Code: 1972**Recently Viewed****Recently viewed products:**

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**INTERNATIONAL JOURNAL
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Sensitization Therapy for Warts

Author(s): Kuntz, Rachel

Issue: Jul/Aug 2003 - After the Women's Health Initiative Trial

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Abstract: This discussion of warts focuses on treatment (topical treatment, cryosurgery, laser therapy and electrotherapy), immunotherapy, (dinitrochlorobenzene, diphenyprone and squaric acid dibutylester) and applications in compounding. Tables provide information as to major wart classifications and their descriptions, topical agents used in the treatment of warts, formulations for sensitization therapy for warts (Dinitrochlorobenzene 0.5% to 2.0% in Acetone, Dinitrochlorobenzene 0.1% to 1% in Hydrophilic Petrolatum, Diphenylcyclopropenone 0.01% in Acetone, and Squaric Acid Dibutyl Ester 0.03% in Acetone) and Formulations for Topical Treatment of Warts (Cantharidin 0.7% Topical, Fluorouracil 5% Gel, Podophyllum 25% in Compound Tincture of Benzoin, Podophyllum 1% and Salicylic Acid 3% in Flexible Collodion, and Salicylic Acid 40% Ointment). The author concludes immunotherapy with agents such as those discussed in this article offers an alternative to traditional treatments that can take months to work or be painful. Since dinitrochlorobenzene is mutagenic, the author recommends only the other two immunotherapeutic agents for use; although studies proving their safety and efficacy are limited, available evidence suggests that immunotherapy can cure warts in a timely manner and often with little pain or irritation.

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Cantharidin

U.S. Brand Names Verr-Canth™

Use Removal of ordinary and periungual warts

Pregnancy Risk Factor C

Contraindications Hypersensitivity to cantharidin or any component of the formulation

Adverse Reactions 1% to 10%:

Cardiovascular: Syncope

Central nervous system: Delirium, ataxia

Dermatologic: Dermal irritation, dermal burns, acantholysis

Gastrointestinal: GI hemorrhage, rectal bleeding, dysphagia

Genitourinary: Priapism

Hepatic: Fatty degeneration

Neuromuscular & skeletal: Hyper-reflexia

Ocular: Conjunctivitis, iritis, keratitis

Renal: Proteinuria, hematuria

Respiratory: Burning of oropharynx

Dosage Apply directly to lesion, cover with nonporous tape, remove tape in 24 hours, reapply if necessary

Dosage Forms Liquid: 0.7% in a film-forming vehicle containing acetone, pyroxylin, castor oil, and camphor (7.5 mL)

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